# M18000002135

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/20/20

NAME: SYSTEMS 2000, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

Division of Corporations	
<sub>SUBJECT:</sub> Systems 2000, LL	.C
	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Regina M. Scott	
Name of Person	
Morris, Manning & Martin	n, LLP
Firm/Company	<u>,                                      </u>
3343 Peachtree Rd., NE, Suite 160	0
Address	
Atlanta, GA 30326	
City/State and Zip Code	
CTelfer@motilitysoftware	e.com
E-mail address: (to be used for future annual r	
For further information concerning this matter, p Regina M. Scott	404 233-7000
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$\sum \text{\$\sum \$\text{\$\text{\$\sum \$\text{\$\$}\ext{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}\exittt{\$\text{\$\text{\$\text{\$\}}\$}}}\$}}}}} \end{length}}}}}}}}}}}}}}}}}}}}}}}}}}}}	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Departn	nent of	
State: Systems 2000, LLC			
Enter new principal office address, if applicable:	851 Trafalgar Court		
(Principal office address MUST BE A STREET ADDRESS)	Suite 160W	2028 AVR 20	
	Maitland, FL 32751	- 1	
		0.00	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	851 Trafalgar Court	1794 	
	Suite 160W		
	Maitland, FL 32751	29	
2. The Florida document number of this limited lia	bility company is: M180000021	35	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: Ma	rch 1, 2018	<del></del>	
SECTION II (5-9 complete only the applicable of	changes)		
3. Item manie of the minited machine company.	lotility Software Solutions, L		
(musi	t contain "Limited Liability Company,	" "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate		
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Freeze Classide Conse		
	Enter Florida Street Address		
	City F	lorida Zip Code	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I fi and complete performance of my dution ered agent as provided for in Chapter in the registered office address, I here	es, and I am familiar with 605, F.S. Or, if this	

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address	Type of Ac	
		<del>-</del>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			□Re	
			2028 AIR 20	
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			□Ac	
			□Re	
aforementioned ar	ficate, if required: no more than 9 nendment(s), duly authenticated b the lawof which this entity is org	by the official having custody of records	□Re	

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SYSTEMS 2000, LLC"

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MOTILITY

SOFTWARE SOLUTIONS, LLC", ON THE TWENTY-EIGHTH DAY OF JANUARY,

A.D. 2019, AT 5:04 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "SYSTEMS 2000, LLC"

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MOTILITY

SOFTWARE SOLUTIONS, LLC", ON THE TWENTY-EIGHTH DAY OF JANUARY,

A.D. 2019, AT 5:04 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOTILITY SOFTWARE SOLUTIONS, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202793179

Date: 04-20-20

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Page 2

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOTILITY SOFTWARE SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2018.



Authentication: 202793179

Date: 04-20-20